SOME FACTORS AFFECTING THE CHOICE OF MEDICAL SERVICE

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CHAPTER I

INTRODUCTION

The Problem

In the popular mind, the professional relationship which exists between the patient and his physician is one of the most intimate, privileged and sacred. In quality and meaning it is probably second only to the confessor-priest relationship.[1]

The provision of medical care ranks as a major industry. The Committee on Cost of Medical Care, representing all interests involved in the provision of medical services, has done the most comprehensive research in the field of medical economics; it reported that in 1929, the annual expenditure for all types of medical service was roughly equivalent to the total national expenditure on education, both public and private.[2]

Among the persons and agencies included in the medical service complex are physicians, dentists, pharmacists, nurses, medical technicians, hospitals and clinics and their personnel, and such irregular practitioners as osteopaths, naturopaths, chiropractors, Christian Science practitioners, midwives, and the dealers in patent medicines and home remedies. Despite changes in the social and economic organizations of medical

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[1]Cf., Talcott Parsons, "The Professions and Social Structure," Social Forces, XVII (May, 1939), 457-67.

[2]Lewis and Barbara Jones, "Medicine-Economic Organization," Encyclopedia of the Social Sciences, X, 292.

care, such as specializations, group health, public clinics, etc., the private practicing physician remains the central figure in the medical care complex.

The changes that have occurred in the patterns of medical care, and current public issues in the field of health, make desirable some re-examination of the relationship between medical service agents and their clients. The purpose of this research project is to examine some of the factors affecting the choice and use of the various medical services available in a modern urban community.

It is pointed out that:

> While the demand for medical care is subject to the usual limitations imposed by considerations of price and tends to contract when prices rise or purchasing power declines, it is differentiated from the demand for other common articles of consumption in that a visit to the doctor is regarded in most instances as an unpleasant necessity, undertaken only in order to obtain relief from pain or sickness. Emergency medical care, in case of accident or serious illness, is a necessity more urgent even than food or shelter, and the demand for this type of attention is necessarily inelastic; it will ordinarily be exercised regardless of the financial sacrifice involved.[3]

Among the questions which this study raises are: How do persons seeking medical care initiate and develop relationships with particular medical agents or agencies? What values are involved? Why is a particular physician or medical service chosen in preference to other available ones?

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[3] Ibid., p. 293.

We already have a small body of theory and fact in this area; for example, with reference to the choice of physicians, Everett Hughes offers some clues when he suggests that within the minds of laymen lies an expected pattern of auxiliary characteristics which is attributed to the professional person. These characteristics are determining factors employed by the layman in choosing professional service; and are advantages or disadvantages to persons who aspire to positions new to persons of their kind.[4]

In 1939, the Committee on Research in Medical Economics published a study of a group of New York City residents; the purpose of this study was to discover (1) the basis of choice and (2) the quality of the relationships that exist between the family and providers of medical services. The interviewing of 365 low-income families was based on four major questions:

1. Assuming economic freedom of choice, how do families select their physicians, hospitals, and clinics? To how great an extent do cultists, druggists, and self medication supplement or supplant the physician's care?
2. How much do families or individuals change from one resource to another and why?
3. How many families have family physicians?
4. What correlation exists between income and use of private physicians as compared with use of clinics and other low cost sources of care?[5]

The chief conclusions appear in Appendix C of this thesis.

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[4]Everett C. Hughes, "Dilemmas and Contradictions of Ststus," American Journal of Sociology (March, 1945), p. 72.

[5]Gladys V. Swackhamer, Choice and Change of Doctors, (New York City, 1939).

In 1939, there was a similar study[6] made in Columbus, Ohio by Harold Frum, a graduate student in Sociology at Ohio State University. Frum chose twelve contiguous blocks in an industrial area as his universe. The families in these blocks had approximately the same income, and were just about the same type of families. Some of the data which he hoped to gather concerned:

1. Illness experienced by the family.
2. Nature of the care obtained.
3. Reasons for choice of particular physicians or other resources employed.
4. Character and frequency of change.
5. The reasons for a change.

As a result of Frum's study, some of his findings were:

1. The use of medical resources was limited due to economic conditions.
2. The consumer had little knowledge of the quality of service received. Most of the choices were made by and with little serious forethought.
3. Recommendations of friends or relatives played an important part in the choice of physicians. Choices were largely based on rumors, prejudices, common interests and economic considerations.
4. Agency resources were used by families only when, for economic reasons, they were unable to use private resources.

It was for the purpose of adding to this growing body of facts and generalizations about choices of medical service that this study of the factors involved in the choices of a particular group was undertaken. The setting of this investigation was the southern metropolis, Atlanta, Georgia; and the subjects

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[6]Harold S. Frum, "Choice and Change of Medical Service: A Study of Families in an Industrial Area" (Unpublished Master's Thesis, Department of Sociology, Ohio State University, 1939).

chosen were members of the Negro community. How does the member of this particular community choose his physician and other medical resources? What relationship if any is there between the person's attitude and behavior with respect to medical care and his social status?[7]

More specifically we propose to describe and analyze these things:

1. The medical resources available to the Atlanta Negro population.
2. The uses made of these resources.
3. The patterns of medical choice.
4. Factors associated with medical choice; and
5. Aspects of the Negro physician's role as revealed in expectations of the public.

Scope and Method

Our first task was to explore the various dimensions of the problem and then to delimit it in terms of the specific questions already mentioned; our second task was to decide on the methods and techniques needed to answer these questions.

After reviewing the pertinent literature and making the choice of area and subjects, a number of random and informal interviews with reference to health needs and attitudes, and behavior in this area were made. It was then decided that a schedule would be the best method of obtaining primary material. The resulting materials from the schedule and the systematic field notes provide the main body of the data.

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[7]For the purpose of this study, Social Status is defined in terms of the Warner Index of Status Characteristics. For a discussion of the technique see W. L. Warner, M. Meeker and K. Eells, Social Class In America, (New York City, 1949), pp. 139-42.

The first schedule constructed was pretested in the field, and after the pretesting, the schedule was revised and made ready for interviewing.[8]

In order to get a fair cross section of the Negro community, three areas with different socio-economic characteristics were chosen; the first, "Hunter Road," representing a higher income residential area; the second, "Summerhill," representing a middle income area; and the third, "Fourth Ward," representing a low income area. The criteria for ranking these areas were median education, occupation and the per cent of Negro owner-occupied units, as revealed in census tract data for 1940.[9]

Row one of Table 1 shows the entire Negro population of each of the areas, while row two indicates the per cent of the Negro population to the entire population in these specific areas. The median education of Negroes in Hunter Road exceeds that of both the Summerhill and Fourth Ward Negroes; Fourth Ward showing the lowest median education. Hunter Road has the largest per cent of Negro owned and occupied units, Summerhill is next, and Fourth Ward last. The information supplied in the last two rows of the table, though valid, does not give a true picture of the areas. The median monthly Negro rental and median value of Negro homes are greater in Fourth Ward than Summerhill because Fourth Ward is an area of transition that contains a number of small commercial and light industrial

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[8]See Appendix A for a copy of the schedule used.

[9]See Table 1.

TABLE 1

CHARACTERISTICS OF THE THREE AREAS STUDIED: HUNTER ROAD, SUMMERHILL, AND FOURTH WARD, BY NUMBER AND PER CENT*

Characteristics	Hunter Road	Summerhill	Fourth Ward
Total Negro Population	2,721	974	9,712
Per Cent Negro Population of Total	100	17.4	99
Median Education of Negroes	8.8	7.8	6.1
Per Cent Negro Units Owner-Occupied	50.4	9.4	4.4
Negro Rental	14.92	6.68	10.60
Median Value of Negro Homes	3,134	base less than 100	2,619

*Adapted from Population and Housing, Statistics for Census Tracts, Atlanta, Georgia, Sixteenth Census of the United States, 1940, pp. 9, 11, 60, 61, 62.

activities. Some parts of the area have been in the process of changing over from Negro to white residents. The picture may also be skewed because of the small number of Negroes in the Summerhill area in comparison with the other two areas.

A random sample of seventy-two households was chosen from these areas. A quota was assigned to each of these areas based upon size. A listing of all the blocks in each of the areas was made; then blocks in which interviewing was to be done were drawn at random, and in turn the specific households were chosen at random, and that was done by drawing numbers from a box.

Hunter Road is located in the southwest section of Atlanta, in census tract F24, which is composed of 691 dwelling units, 24 blocks, and has a population of 2,721. Hunter Road is an

area generally composed of large, modern, recently-built homes, surrounded by large, well-kept lawns.

Summerhill is located in census tract F46. There are 1,576 total dwelling units in Summerhill, 32 blocks, and a population of 5,577. The homes in Summerhill are of average size consisting typically of from six to eight rooms. The houses are mostly old, but rather well-kept, as far as painting, lawns, etc., are concerned. It is not unusual to find persons other than members of the family rooming and sometimes boarding in a house; which is not the case on Hunter Road, where there are very few roomers in those households.

Fourth Ward, which is in the northeastern section of Atlanta, is located in census tract F28. It is comprised of 2,869 total dwelling units, 47 blocks, and a total population of 9,767. Fourth Ward is a community composed generally of very old, rundown houses, and is an area of transition that contains a number of small commercial enterprises, for example, cafes, pool parlors, and beer parlors.

After consideration, it was decided to limit, for practical purposes, the time factor to "within the past three months." The interviews were collected over a period of two months, beginning April 14, 1950, and ending June 10, 1950; therefore, the data actually represent a six months span from January to June. During this time, sixty women and twelve men informants were interviewed. The disproportionate number of women was probably due to the fact that most of the interviews were done during daylight hours; however, this should not bias the results too

much because the informant was asked to give family experience and health care practice.

The schedule was so constructed that the data necessary for computing an Index of Status Characteristics were obtained. The Index of Status Characteristics is, primarily, a measurement of socio-economic factors. It may also be used, with a considerable degree of confidence, as an index of social class position. The four status characteristics used in the Index were first selected from the research on "Yankee City," which was conducted by W. Lloyd Warner;[10] they were: Occupation, Source of Income, House Type, and Dwelling Area. As a means for measurement, the writer used only the first two and substituted Education, which may also be used as an index, for the last two.

Each family was given a score in order to determine its status position. The three indices, source of income, occupation, and education of each family were weighted, and the sum of the three determined the score. The lower the score, the higher was the status position of the family. The scale ranges from 12-84. From 12-22 is upper class, 23-24 either upper class or middle class, 25-33 upper middle class, 34-37 either upper middle or lower middle class, 38-50 lower middle class, 51-53 lower

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[10] See W. L. Warner and Paul S. Lunt, The Social Life of A Modern Community, Vol. I of Yankee City Series (New Haven, 1941); W. L. Warner and Paul S. Lunt, The Status System of A Modern Community, Vol. II of Yankee City Series (New Haven, 1942); W. L. Warner and Leo Srole, The Social Systems of American Ethnic Groups, Vol. III of Yankee City Series (New Haven, 1945); and W. L. Warner and J. O. Low, The Social Systems of the Modern Factory, Vol. IV of Yankee City Series (New Haven, 1947).

middle or upper lower class, 67-69 lower lower class with a possibility of upper lower class, 70-84 lower lower class. Table 2 shows the status characteristics of the respondents.

According to the scale used by the writer, none of the respondents were of upper class status. The majority of the Hunter Road informants ranged along the upper half of the scale, while on the other hand most of the Summerhill and Fourth Ward informants ranged along the lower half of the scale. Slightly less than one-third of the respondents were classified as upper lower class.

TABLE 2

STATUS EQUIVALENTS OF RESPONDENTS OF THE THREE AREAS: HUNTER ROAD, SUMMERHILL, AND FOURTH WARD

Index Score	Status Equivalent	Hunter Road	Summer-hill	Fourth Ward	Total
12-22	Upper Class				
23-24	Either Upper or Upper Middle	1			1
25-33	Upper Middle	5			5
34-37	Either Upper Middle or Lower Middle	4	3		7
38-50	Lower Middle				
51-53	Lower Middle or Upper Lower	1	1	1	3
54-62	Upper Lower	1	9	10	20
63-66	Upper Lower or Lower Lower		5	7	12
67-69	Lower Lower Possibility Upper Lower		3	8	11
70-84	Lower Lower		5	10	15
	Totals	12	24	36	72

The source of income (see Table 3) was classified according to W. L. Warner's scheme:[11]

1. Inherited wealth - those families who lived on money made by a previous generation.
2. Earned wealth - those families or individuals who lived on savings or investments earned by the present generations.
3. Profits and fees - include money which is paid to professional men for services and advice.
4. Salary - is a regular income paid for services on a monthly, or yearly basis. This category also includes the commission type of salary paid to salesmen.
5. Wages - is usually paid on a daily or weekly basis.
6. Private relief - includes money paid by friends or relatives for the sake of friendship or because of family ties.
7. Public relief and nonrespectable income - include money received from a government agency or from some semi-public charity organization which does not mind revealing the names of those getting help.

In general, if there were incomes from more than one source, the chief source of income was used.

TABLE 3

SOURCE OF INCOME FOR THE RESPONDENTS IN THE THREE AREAS: HUNTER ROAD, SUMMERHILL, AND FOURTH WARD, BY NUMBER AND PER CENT

Source of Income	Hunter Road		Summerhill		Fourth Ward	
	Number Reporting	Per Cent	Number Reporting	Per Cent	Number Reporting	Per Cent
Profits and fees	4	33.3				
Salary	5	41.7			2	5.6
Wages	3	25	24	100	33	91.6
Private relief					1	2.8
Totals	12	100.0	24	100	36	100.0

[11] Ibid., pp. 139-42.

One-third of the Hunter Road informants' source of income was by means of profits and fees, while neither of the other two lower income groups had such a source of income. This finding further substantiates the fact that Hunter Road is a higher income area than the other two. A little over one-third of the Hunter Road informants received salaries, while only five per cent of the Fourth Ward informants received salaries. Wages was the only source of income for the Summerhill respondents. The majority of the Fourth Ward respondents received wages; there being only one person in the group on private relief.

Education was defined, according to Warner, in terms of school grade completed and the type of school:

1. Professional or graduate school.
2. College education (one to four years).
3. High School graduate.
4. One to three years of high school.
5. Grammar school graduate.
6. Four to seven years of school.
7. Zero to three years of school.

The primary criteria upon which Warner based his classification of occupations were the level of skill that a job required and prestige value attached to a job. The classification follows:

1. Professionals and proprietors of large businesses. (Businesses valued at more than $5,000).
2. Semi-professionals and smaller officials of large businesses.
3. Clerks and kindred workers.
4. Skilled workers.
5. Proprietors of small businesses.
6. Semi-skilled workers (including protective workers and service workers).
7. Unskilled workers including laborers and domestic servants.

Medical Resources Available to Atlanta Negro Population

Before dealing with the chief concerns of this research project - that is, the patterns of use and choice of medical resources, and the reasons for use and choice - it is important that the available medical resources be designated.

Although the white population outnumbers the Negro population only a little less than two to one, according to the 1940 census, there were twelve white doctors to every one Negro doctor, and approximately twelve white dentists to every one Negro dentist. Of the total number of four hundred ninety-two physicians, forty-two of these were Negroes, and three of the forty-two were females. There was a total number of one hundred sixty-two dentists, thirteen of these were Negro, and one of the thirteen was a female.[12]

There are approximately twenty clinics and hospitals in the Atlanta area, and of these twenty clinics and hospitals, thirteen are available to Negroes; they are:

A. General Public, biracial

1. DeKalb Clinic, Incorporated

Established 1940. A private agency controlled by a nonsectarian board and supported in voluntary contributions, and friends allocated by the city of Decatur and DeKalb County. All white and Negro residents of DeKalb County who are not able to pay are eligible.

2. DeKalb County, Department of Public Health

Established 1924. Controlled by a board of health and supported by DeKalb County. Provides for all

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[12]Population, Volume III, The Labor Force, Part 2 (1940) Sixteenth Census of the United States, p. 739.

white and Negro residents of DeKalb County outside of the city of Atlanta a general public health program including immunization shots; rabies vaccine; tuberculosis control, etc.

3. Fulton County, Department of Public Health

Established 1914. Controlled by a board of health, supported by Fulton County. Provides a general health program for all white and Negro children of school age who cannot afford to pay.

4. Grady Memorial Hospital

Established 1890. Provides general hospital care and outpatient clinic service for white or Negro residents of Fulton and DeKalb Counties who are unable to pay. Capacity 720 beds.

5. Steiner Clinic

Established 1924. Provides treatment of and prevention of cancer and allied diseases. Capacity 22 beds.

6. Crippled Children's Clinic

Established 1937. All consultant services needed to restore child to health are provided for white and Negro children from birth to age twenty-one. No fees.

7. Good Samaritan Clinic

Established 1923. A private clinic controlled by a nonsectarian board and supported by annual appropriations from the City of Atlanta, Fulton County, and the city of Decatur. Any white or Negro resident of any age who is unable to pay for medical care and is referred by clinics, hospitals, county health officers, schools, or apply of their own volition, are eligible.

8. United States Veterans Administration Hospital No. 45

Established 1920. A hospital operated by the Veterans Administration and supported by Federal funds. Any honorably discharged white or Negro United States war veteran unable to pay for private treatment is eligible. There are no available facilities for the care of tuberculosis and mental diseases of Negro veterans.

9. Milledgeville State Hospital

Established 1842. Provides inpatient care for mentally ill persons, white or Negro, residents of Georgia, referred for care by a physician and adjudged to be mentally ill by a jury of the Ordinary's Court of the County. Sliding scale of fees, dependent upon circumstances of patient's family.

10. Battle Hill Sanatorium

Established 1910. Provides hospital care and treatment of tuberculosis patients, either white or Negro, who are over six years of age, residents of DeKalb or Fulton Counties, and who are referred by a recognized physician or clinic as needing hospital treatment of tuberculosis, for which they are unable to pay.

B. Private-Negro

1. Catholic Colored Clinic

Established 1941 as Catholic Colored Mission; organized as a clinic in 1944. Owned and operated by Diocese of Savannah-Atlanta, with staff of medical mission sisters. Provides medical care to all Negroes, on a nonsectarian basis.

2. Harris Memorial

Established in 1928, owned and operated by Mrs. W. C. Powell; bed capacity, 50.

3. McLendon Clinic

Established April 7, 1946; a non-profit privately-operated institution; bed capacity, 65.[13]

It is important to point out that Negroes are not restricted to the use of Negro doctors and dentists alone, but may, if they so desire, employ the services of those white physicians and dentists who receive both white and Negro patients. For example, seven of the seventy-two respondents used private doctors. Of

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[13]Community Planning Council, Community Resources Directory, 1946-1947, Atlanta, Georgia, pp. 18-66.

the seven respondents, two were from Hunter Road, two from Fourth Ward, and three from Summerhill.

Another important matter to consider is that medical services may be sought, by Negroes, outside of Atlanta. This is made possible by the quick and convenient methods of transportation which are now available. The evidence is that medical services outside of the state and outside of the city are used primarily by upper income groups and veterans of the armed services.

Drugstores must be included among the medical resources available, for the writer discovered, as will be shown in the next chapter, that the drugstores were popular sources of medical services. There are approximately 229 drugstores in Atlanta, and only ten of these are owned and operated by Negroes.

Among the irregular practitioners in the City of Atlanta, there are seventeen Christian Science practitioners, twenty-nine chiropractors, and sixteen chiropodists. These are also important in any discussion in the use and choice of medical resources.

A nursing service which is available, other than that found in the hospitals, is the Metropolitan Life Insurance Nursing Service. This service is available to any member of the community, Negro or white, who has taken out a policy in this particular company.

CHAPTER II

PATTERNS OF USE AND CHOICE OF MEDICAL RESOURCES

Types of Resources Utilized

In this sample the medical resources utilized for the treatment of specific needs, either singly or in various combinations, were the private physician, company doctor, specialist, hospital, free medical clinic, drugstore, and home remedies. These resources can be classified into the broad headings of private and public, and regular or irregular. Private resources are those contracted for on a fee-for-service basis, and include private physicians, non-medical practitioners, and hospital care by private physicians. Public resources constitute organizational services, such as free or small-fee physician or nursing service in hospitals, outpatient service, public clinics, city physician, and district and school nursing service. The regular sources of medical service are those which meet the demands of medical standards and are properly licensed; whereas the irregular source does not fully meet the medical standards and therefore is not accepted as a legal part of the medical complex.

Although the resources fell into these large divisions, the choices of all households did not neatly fit into one or the other, because various combinations were used. There were two informants who made use of the irregular medical resource, the Christian Science practitioner; they did not use the other medical resources.

The following table shows the resources used by respondents in the three areas.

TABLE 4

MEDICAL RESOURCES UTILIZED DURING THREE MONTHS PERIOD BY THE SEVENTY-TWO RESPONDENTS OF THE THREE AREAS: HUNTER ROAD, SUMMERHILL, AND FOURTH WARD, BY NUMBER AND PER CENT

Medical Resources	All Areas		Hunter Road		Summerhill		Fourth Ward	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Reporting Number	72	100	12	100	24	100	36	100
Drugstore remedies	43	59.7	12	100	13	54.1	18	50
Hospital	37	51.3	9	75	14	58.3	14	38.8
Private doctor	33	45.8	9	75	11	41.6	13	36.1
Medical clinic	32	44.4	4	33.3	5	20.8	23	63.8
Company doctor	3	4.16	0	-	1	4.1	2	5.5
Specialist	3	4.16	2	16.6	1	4.1	0	-
Home remedies	1	1.38	0	-	0	-	1	2.7

The medical resources are listed according to their use, with the most frequently used during this period at the top of the table descending to the least used at the bottom of the table. Each resource is discussed individually in the following pages.

Drugstore Remedies

Self-medication usually means self-diagnosis. Serious illnesses sometimes go unrecognized and are treated with drugstore remedies when expert attention is badly needed; in addition to this, drugstore remedies are often used in an effort to curb expenses.

All of the households interviewed in Hunter Road reported the use of drugstore remedies, while approximately half of the Summerhill and Fourth Ward households interviewed reported the use of drugstore remedies.

Those remedies most used by the interviewers, beginning with the most popular, were aspirin, Epsom Salts, mineral oil, alcohol, Alka Seltzer, Sal Hepatica, Black Draught, castor oil, Lydia Pinkham, Four Way Cold Tablets, vitamin pills, Hadacol, Calatabs, Stanback, Vitawine, Castoria, and Milk of Magnesia.

When the interviewers were asked why they chose the medicine they did, instead of some other medicine, the answers usually received from most of them were, "This is supposed to be good for this kinda sickness," or "It's not too strong, therefore it's harmless," or "It's just good for you."

The interviewer sensed a general reluctance to admit the use of drugstore remedies, particularly the patent medicine type; this was true among all three of the groups. However, with a little urging, the interviewer was able to get the reluctant persons in the Hunter Road area to admit the use of a few "nationally advertised" medicines, but wasn't as successful in the other two areas. The use of drugstore remedies is probably underestimated for all groups.

There was a tendency for some to deny, initially, the use of drugstore remedies, then upon further questioning disclosed the fact that they used "a few," as shown in this case:

> The interviewee, a resident of Summerhill with an upper lower class status, was a male fifty-four years of age, who had been sick seventeen months suffering from diabetes and "drop foot." The conversation went:

Interviewer: "Mr. Blank, what're some of the medicines that you get at the drugstore that help you feel better?"

Interviewee: "I stick to what the doctor says, I don't fool with those drugstore medicines, 'cause they ain't no good. You don't think they're any good, do you?"

Interviewer: "Why I don't know, I've heard that aspirin, and Hadacol, and ...."

Interviewee: "That Hadacol ain't no good! I tried about twenty bottles and found that all this stuff they say about Hadacol ain't true. I also took a bottle of Vitawine, and paid three dollars for seventy-two Ingram pills. None of this stuff is any good. I've decided to stick to what the doctor says do. I've took about four hundred penicillin shots to try and help my blood. I'll take about anything to make me feel better."

There are three cases in which the interviewees admitted, without reluctance, the use of patented medicines, and added that only after they had tried these medicines and had received no relief did they call a private doctor. When asked why they tried the medicines first, they replied that half of the time, when you call a doctor, he'll tell you to buy drugstore medicine anyway.

Hospital

The complicated organization of modern life and the refinements of medical and surgical diagnosis and treatment have led to the development of modern hospitals for the care of the sick. The extent and character of hospital provision may vary from country to country, depending on tradition, wealth, social outlook and political structure.

The complicated techniques of modern medicine and modern surgery require elaborate apparatus and elaborate services for diagnostic and therapeutic purposes; as techniques have developed, the costs of hospital care have mounted steadily.

It can be seen in Table 4 that the hospital was a more widely used resource among Hunter Road informants than among the Summerhill and Fourth Ward informants.

The pattern of choice followed by the Hunter Road informants indicated a preference for private hospitals, because of the special services and privacy which they felt they received.

The three private hospitals for Negroes are somewhat recent, therefore, before they were built, Grady's Public Hospital was about the only available hospital in the city of Atlanta, for Negroes.

Two of the Hunter Road informants, both ladies, one fifty-three and the other sixty, stated that they had been taken to Grady's a number of years ago, when they were ill, "but there was no other place to go then." Now that there are private hospitals, they, as well as the other Hunter Road informants, go to them, where they feel sure that they will get better treatment.

Of the fourteen Summerhill informants who used the hospital as a medical resource, four of them went to private hospitals, while the others went to Grady Memorial Hospital. Those who went to Grady did so because of financial reasons. It was generally expressed that had they been able to do so they would have gone to a private hospital instead.

It was the middle class which found the onus of hospital costs a particularly serious draining on its resources.

Approximately one-third of the Fourth Ward informants had used the hospital as a medical resource, and all of these informants had gone to Grady Hospital. When asked why they chose Grady

instead of some other hospital, inevitably the answer was - "It's cheaper."

The Fourth Ward respondents held differing opinions about Grady Hospital, for example one informant, a lady sixty-one years old, said:

> I first went to Grady's 'cause there was no other place to go. Although they have some colored hospitals now, I still 'd rather go to Grady's 'cause they got some good doctors there and they treat 'cha right; although it's getting kinda hard to get in Grady's now.

On the other hand, a lady informant forty-four years of age had been home from Grady Hospital only three weeks, as a result of a hernia operation; when asked why she went to Grady, she said:

> My doctor sent me to Grady for my operation 'cause I didn't have no money. My doctor in the hospital was white and he was all right I guess, but he just wasn't as nice as Dr. X (her family doctor).

The interviewer asked her what the difference was between the white doctor and her family doctor and she said:

> Well, for one thing, he don't seem as interested and don't take up as much time with you as Dr. X. That's what I don't like 'bout Grady's - you don't get the special attention you'd get at a colored hospital. I think the white doctors know what they're doing though.

A still different opinion from the above two was given by a lady thirty-seven years old. This informant had never been to Grady Hospital, but she said:

> I don't like the idea of going to a public hospital like Grady, and wouldn't do it unless I just couldn't help myself. You don't always get good treatment at a place like that.

Although such varied opinions concerning Grady Hospital were held by Fourth Ward respondents, the pattern of hospital use was to go to Grady's - because of economic reasons.

Private Doctor

The private practitioner occupies an anomalous position, being at the same time part of a vast technical organization and also a small independent business unit. His former self-sufficiency has been destroyed by technical advances; he now needs the cooperation of specialists and depends upon hospital facilities and expensive equipment for the practice of his science.

Slightly less than forty-five per cent of the informants reported that a private physician had not been used in the three-months period. However, these informants who had not used a physician in the prescribed period reported that whenever possible (economically) they would prefer a private doctor.

The use of white doctors.--Slightly less than one-tenth of the respondents had used the services of private white doctors. Of the seven white doctors used, two of them were specialists called in by Hunter Road informants. These specialists were recommended to the families by their family doctors (Negroes). The remaining white doctors were used as family doctors; two were family doctors of Fourth Ward residents, and three were family doctors of Summerhill residents.

It was found that the informants who used white family doctors were satisfied with their services in that they felt that the doctors were well prepared because of their educational background.

The use of Negro doctors.--The dominant pattern followed by all three areas in dealing with private doctors seemed to have been to choose Negroes as family doctors.

The following statements, one from each income area, help explain why it is the pattern to choose Negro family doctors. Fourth Ward informant (female), seventy-nine years old, lower lower class:

> Even though I hafta go to Grady's 'cause I don't have much money, if I could go to a colored doctor, I would, 'cause you just feel better with your own race.

Summerhill informant (male), sixty-one years old, lower middle class:

> I only use Negro doctors. Some people say that Negro doctors aren't any good but that's not true. There're capable Negro doctors just like there're capable white doctors.

When asked what he meant by capable, he said:

> One who has a good background and who keeps up with the newest scientific knowledge. His practice is of such a nature that it'll keep him in contact with those cases which call for some skill and knowledge. There're plenty good Negro doctors.

Hunter Road informant (female), fifty-seven years old, lower middle class:

> I think that Negro doctors are just as good as white doctors, and we should support them. I don't mean that I wouldn't go to a white doctor, but I'd go to a Negro first and if he thought it best - then he could refer me to a white specialist.

Medical Clinics

Dispensary or outpatient service has taken an important place in the community provisions for the care of those who cannot afford the services of specialists or the cost of such diagnostic or therapeutic measures as various laboratory procedures, X-ray service, diathermy and the like.

One-third of the Hunter Road respondents reported the use of clinics. One of the clinics used was a private clinic (Mayo). The informant had had an eye operation. He had attended that particular clinic because of the presence of a specialist there.

The other three Hunter Road informants attended the health clinic sponsored by the city health department; none of them had been to Grady's clinic.

One-fifth of the Summerhill informants reported the use of clinics. With the exception of one person, the clinic to which the informants referred was the one set up by the city, for the multiphase health examination. Grady clinic was used by the other informant. The Summerhill respondents, generally do not attend free medical clinics. It seems that only in such instances as city-sponsored health programs or the like, will they attend clinics, otherwise private resources are preferred.

It is the pattern of the Fourth Ward informants to make use of the clinic as a medical resource; and two-thirds of the respondents made use of such services. Over half of the respondents who used the clinics went as patients for treatments and extended medical care, not merely for blood or X-ray tests, or other less serious matters.

Company Doctors

The war and post-war years have seen a great expansion of interest in health and welfare programs for industrial workers. Major negotiations between labor and management have hinged on the provision of various types of group insurance programs, most

of which bear some relationship to the provision of medical services.

The development of today's widespread interest in industrial medical care stems from a background of two main streams of activity: (a) efforts to indemnify workers for wage loss in illness and for the costs of medical services; (b) efforts to provide direct medical services as needed.

Only three of the seventy-two persons reported the use of company doctors. All three were packing house workers.

Specialists

The growth of specialization is one of the conspicuous features of modern medical practice. The reasons for true specialization are partly technical and partly economic. Specialization enhances the value of the physician's services and so enables him to command a higher income.

From the point of view of good medical care, the technical advantages of special skills are to a great extent offset by the economic difficulties which hinder coordination of the work of specialists. The patient is very seldom able to determine the type of specialist service he needs, however, he doesn't wish to pay the general practitioner to find him a specialist. The patient often goes to the specialist without being so advised by the family doctor, and often enough he can be just as well, or better served by a general practitioner, who is familiar with his medical history and who calls in specialists when they are needed.

According to the March, 1950, telephone directory, for Atlanta and surrounding areas, there are seventeen white specialists listed, and no Negro specialists.

Three households out of seventy-two reported the use of specialists; the two white specialists were called by Hunter Road people, while the Negro "specialist's" service was required by a Summerhill informant. Investigation disclosed that only two of these specialists (the two white) were listed in the telephone book as having a specialty. The other one was used by a person who was mistaken in the belief that he was using a specialist.

There were no households in Fourth Ward which reported the use of a specialist. This is easily understood, because the Fourth Ward residents are generally of the low income group and cannot afford the services of a specialist.

There appeared to be no clear conception of exactly what constitutes a specialist. Some informants seemed to think that any outside physician called in by the doctor in charge of a case is a specialist. Others appeared to believe that the fact that a doctor is considered "better for some things than others" makes him a specialist. Such was the case of this Summerhill informant (male) who reported using a Negro "specialist."

> The informant was suffering with arthritis. He said he called his family doctor, who is a Negro (he only uses Negro doctors, he stated), but he was sick. When he found his family doctor was ill, he decided to send for a Negro specialist. It seems that he had been hearing how good this doctor was in treating arthritis, so he decided to try him out. The interviewee asked if his family doctor had recommended the "specialist" to him, and he answered, "No, my friends told me about him."

Home Remedies

Only one person of the entire seventy-two reported the use of home remedies of the folk type which are associated with the rural communities.

The informant, a spry little lady of sixty-five, is a resident of Fourth Ward. She has lived in Atlanta for fifty years. Her first fifteen years were spent in a rural community outside of Atlanta.

When the informant was asked about the use of patent medicines, she replied that she usually makes her own medicines, some of which were hot sassafros tea, hot mustard poultice, sugar and kerosene, and hot toddies made of lemon juice, water, sugar, and "a little spirits." She said, "These just can't be beat for colds."

The writer feels that it is a significant fact that only one person made use of home remedies, for such a finding indicates that in this modern city the folk remedies are becoming obsolete.

Christian Science Healing

Christian Scientists hold that virtually every disease known to mankind has been cured by prayer in Christian Science.

Christian Science doesn't explain the healing of "hopeless cases" in terms of miracles. According to this religion, scientific prayer operates on the basis of law-unchanging, all-embracing, spiritual law, and not on the basis of asking special favors of the Most High.

On the grounds that divine law is impartial, Christian Scientists apply what they call the spiritual law of healing to all types of discords: accidents, alcoholism, contagion, functional trouble, insanity, poverty, organic diseases, etc.

Two of the seventy-two informants reported the use of Christian Science healers. One of the informants, a member of the lower lower class, was a resident of Fourth Ward; she was sixty years old. Her six year old grandson, suffering with headaches and fever, was healed by a Christian Science healer, she said. When asked about medical service received within the past three months, she quickly retorted:

> 'God is my doctor! He's the Great Healer, and only He can make you whole.' Then she paused and cited some scripture from the Bible. She talked on about the 'Wonders of God and the inadequacies of man.' She said, 'If you have faith, God will heal you. All you have to do is pray.'

The second informant reporting the use of Christian Science healing was a sixty-eight year old lady, living in Summerhill, who has the status of lower-lower class. She said that she has never been very sick, but whenever she does get sick she prays to God and He makes her well again.

Both of the informants were members of the Christian Science Church.

Dental Care

Up to a comparatively few years ago, the dentist had a handicap, in that no one submitted to his ministrations until he had to. The dentist was the first medical practitioner to emphasize the value of prophylaxis. As a result of his persistent drilling,

oral and verbal, Americans are now "mouth conscious" to an extent unknown in Europe. But today although practically everyone is "sold" on the value, both to the teeth and to general health, of preventive dentistry, they still neglect visiting the dentist as they should. This neglect appears to be due not to lack of intelligence, but to lack of money and, in some cases, just negligence in general.

Although dentists are obviously unable because of the time element involved, to do as much free work in private practice as do physicians, a great deal of dental service at little or no cost is available to the poor at outpatient clinics, and the like.

Although dental care is not a main part of this study, it should be considered when studying how persons meet their sickness needs.

Of the seventy-two informants, only six reported the use of a dentist by themselves or members of their household. Four of these six were Summerhill people whose dentists were all private Negro practitioners, three of whom were chosen because of recommendations of friends, and the fourth was recommended by a physician. There was one person in Hunter Road who used dental services. He was in Chattanooga, Tennessee at the time, therefore used a Negro dentist there, who was recommended to him by friends. An informant of Fourth Ward, reported the use of a Negro dentist. He was recommended to her by her family doctor. Two other people in this area admitted the need of dental care, however, had not visited a dentist so far. Both said that they

put an aspirin in the tooth whenever it pained them.

Eye Care

Eye care, like dental care is not a main part of this study, but the writer would like to at least mention it, in connection with medical care.

Since sight is considered, by most, our most valuable sense, it should be imperative that we take good care of our eyes. Few persons, however, take the necessary precautions for protecting their eyes; in fact they hardly know the differences among the trades and professions developed to take care of eye diseases, and the correction of faulty vision.

In order to understand who is who, let us try to differentiate among those groups.

1. Oculist - a physician who has earned a M.D. degree and specialized in diseases of the eye. He has the ability to examine eyes for glasses, to use "drops" if necessary to get an objective estimation of the condition, to employ medicine for eye diseases and to perform surgery when that is necessary.

2. Optometrist - called "doctor" because he has an optometric degree, received after passing an examination in optometry (measuring the eyes). He is permitted to use mechanical means of the highest accuracy to measure the strength and curvature of the lenses needed to correct faulty vision, but is not allowed to use "drops" for examination, medicine for treatment or surgery. He may also be an optician.

3. Optician - is an artisan because of his skill in grinding and mounting lenses, and is trusted with the important task of filling prescriptions for glasses. He fits the finished lenses into a suitable frame and sees that the pupils are in the center of the lens. He adjusts the tilt and the height of the lenses and their distance from the eye. He may also be an optometrist.

There were only two persons, both from Summerhill, who reported receiving eye care. The first informant was seventy-seven

years old, with an upper lower class status. She said that her eyes were beginning to "fail" her so she went to Grady's where they assigned her to an "eye doctor." He gave her "a lotta tests," she said, and she returned for the glasses the next week or so.

The second lady, sixty-seven years old, also of an upper lower class status, visited a private white oculist; she said this doctor was recommended to her by a friend. When asked the type of treatment given, she said he first gave her medicine for her eyes, then later she went back and got some glasses.

The first informant never said whether she went to an oculist or optometrist, but from the conversation, it was assumed that he was an optometrist.

There was one lady, sixty-two years old, of lower lower class status living in Fourth Ward, who said that her eyes were not so good, and she had been intending to see a doctor but just couldn't seem to find time to go.

Such an attitude, the writer feels, is generally held by most of the lay public, until the time comes that their eyes give them so much trouble that they can postpone their visit to the oculist or optometrist no longer.

Summary

The medical resources used by the respondents and members of their households were in the order of the most used to the least used - drugstore remedies, hospitals, private doctors, medical clinics, company doctors, specialists and home remedies. The choices of all households did not fit into one or the other of

these resources, but instead various combinations were used. Two of the informants did not use the above-named resources, but instead used an irregular medical resource, the Christian Science practitioner.

The Hunter Road respondents responded to the inquiry about the use of drugstore remedies one hundred per cent; while only fifty per cent of the Summerhill and Fourth Ward respondents reported using drugstore remedies. There was a general reluctance among respondents of all three areas, however, to admit the use of drugstore remedies.

Both the hospital and the private doctor were used more by the Hunter Road informants than by the other two communities, the reason for this being mainly economic. For the same reason, the medical clinics were mostly used by residents of Fourth Ward. Because of the charity connotation which goes along with free clinics, residents of Hunter Road and Summerhill spurned the use of them.

The use of company doctors, specialists and home remedies by the respondents was small. Those few persons using specialists were of the upper income level, while those persons using company doctors and home remedies were of the two lower income levels.

Both dental care and eye care were usually neglected until necessity called for action on the part of the respondents.

CHAPTER III

CHOICE OF MEDICAL RESOURCES

Motivating factors in consumers' choices are always difficult to determine. It is generally recognized that nonrational as well as rational factors weigh heavily in choices. This is true also of medical care. Josephine Williams points out the irrationality shown by lay people in choosing their physicians.[14] She says:

> Women doctors are a minority group within a profession: a minority group in relation to a professional role - means any group of persons who, although technically qualified for the role, deviate from a pattern of auxiliary characteristics expected in that role. These characteristics may be in the sex, age, race, nationality, or faith considered proper for that role. Laymen are predisposed to have confidence in the professional who conforms to a familiar pattern and to distrust one who deviates from it.[15]

In an effort to show the attitudes toward women physicians, she distinguishes between two situations:

1. The layman chooses a professional in which the respondent selected from among ten doctors, differentiated by age, sex, faith, nationality, race and whether or not they had been recommended, the doctor she would call first, second, third, etc.

2. The layman exercises no deliberate choice but retains some veto power - in this situation, Miss Williams judged ten objections raised by clinic patients to the doctor assigned them - objections based on the sex and race of the doctor - and arranged the objections in order from the most natural to the most ridiculous.

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[14]Josephine Williams, "Patients and Prejudice: Lay Attitudes Toward Women Physicians," American Journal of Sociology, January 1946, pp. 283-87.

[15]Ibid.

The summary of Miss Williams' findings:

> The woman physician's standing among her own kind is comparable to the male physician's status among persons of a different faith. Almost everyone assumed that there were sex differences in the quality of medical service, but there was little agreement on what the differences were.[16]

Her hypothesis suggested that:

1. The reluctance to consult a woman physician is, usually, due to a vague sense of the strangeness of such a relationship, not supported by clearly formulated rationalizations, whereas, the reluctance to consult a doctor of certain ethnic and social minorities is supported by rationalization in common circulation, often rooted in economic insecurities.

2. This difference is manifested in the kinds of apology offered in the two cases - admission that prejudice against women is "silly" and that prejudice against other minorities conflicts with religious and democratic values.

3. A single contact with a woman physician, whether satisfactory or not, is likely to lead to a generalization about women doctors, based on the single case, whereas a single contact with a member of ethnic or social minorities is more likely to be dismissed as the exception that proves the rule when it does not conform to expectations.[17]

As one examines the various types of medical resources used by these socio-economic groups, one concludes that it is no accident that the residents of the Fourth Ward used the clinics more frequently than any other service, and conversely that the private doctor and the hospital were used more frequently by the upper income groups, there is a tendency to avoid clinics among upper status groups because of their charity connotations; and in

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[16] Ibid.

[17] Ibid.

many cases the size of their incomes will make them ineligible anyway.

The discussion that follows will deal with the reasons given by respondents for the choice of various services.

Choice of Private Physicians

Private doctors ranked third among the seven medical resources used by the seventy-two respondents; thirty-three of the seventy-two respondents reported the use of private doctors. Seventy-five per cent of the Hunter Road informants, forty-five and eight-tenths per cent of the Summerhill informants, and thirty-six and one-tenth per cent of the Fourth Ward informants used private doctors. That the percentages of usage ranked in this order was not surprising, for it is easily understood that one's economic status affects to a great extent the choice of his medical service.

Now that we realize that there is a difference, according to areas, in the choice of physicians, let us now examine the difference or similarities again according to areas in the reasons for choice of these physicians.

The recommendations of friends and relatives ranked first in the entire sample as the basis for choice of the private physician. It was relatively more important among the residents of Hunter Road. Individual choice based on one's own judgment ranked next and was relatively more important in the middle income area. Professional reputation was more important in the Hunter Road section as a basis of choice than the other two areas. Economic consideration, as a reason, was taken into account only

by a member of Fourth Ward, the lower income area. Availability was relatively more important to members of Fourth Ward than to the other two areas.

TABLE 5

REASONS FOR CHOICE OF PRIVATE PHYSICIANS BY RESIDENTS OF THREE AREAS: HUNTER ROAD, SUMMERHILL AND FOURTH WARD

Reasons for Choice	Socio-Economic Areas			
	All	Hunter Road	Summerhill	Fourth Ward
Recommendations of friends or relatives	15	4	6	5
Individual choice	8	1	4	3
Availability	4	1		3
Doctor's professional reputation	4	3		1
Economic consideration	1			1
Succeeded former doctor	1		1	
Totals	33	9	11	13

In order to give an even clearer and better defined picture of why people choose their doctors, Table 6 shows the reasons why doctors were chosen according to the status of the respondents.

Recommendation of friends or relatives, availability, and individual choice, as reasons for choice, were rather evenly distributed along the status scale. Economic consideration and succeeded former doctor were considered only by members of the lower lower class. The persons in the upper half of the status scale took the doctor's professional reputation in consideration more so than did the persons ranging along the lower part of the scale.

TABLE 6

REASONS FOR CHOICE OF PRIVATE PHYSICIANS
ACCORDING TO STATUS OF RESPONDENTS

Reasons for Choice	All	Status of Respondents* U. or U.M.	U.M.	L.M.	L.M. or U.L.	U.L.	U.L. or L.L.	L.L. or U.L.	L.L.
Recommendation of friends or relatives	15		2	3	1	3	1	2	3
Individual choice	8			2		2	1	1	2
Availability	4			1		1	1		1
Doctor's professional reputation	4		2		1			1	
Economic consideration	1								1
Succeeded former doctor	1								1
Totals	33		4	6	2	6	3	4	8

*U. = upper; U.M. = upper middle; L.M. = lower middle; U.L. = upper lower; L.L. = lower lower

The following excerpts from interviews illustrate attitudes and some of the factors involved in choosing a private doctor.

Hunter Road informant - upper middle class:

> The three members of this household had been in a recent automobile accident. All three were taken to a hospital as a result of the accident. The choice of the hospital was someone else's since they were unable then to make the choice. They have been attended by three doctors: a white bone specialist, a hospital doctor and their family doctor. The first doctor was chosen because he was a bone specialist and was recommended by their family physician; the second doctor was no choice of theirs, he was assigned to the case; and their family doctor, at the outset was chosen because they felt that he was a good doctor having adequate medical knowledge and ability.

Hunter Road informant - upper or upper middle class:

The informant, at the time of the interview, had only been living in Atlanta seven months, and within that time had found no need for a physician. He stated, however, that he had already chosen his family doctor here. The writer asked him how he had gone about choosing this doctor; he answered, when he first came to Atlanta, he asked three popular people whom they considered to be good doctors, and from the ones named, he chose one for himself. When asked what the deciding factor was in his choice, he said he chose the one which seemed to have had the best reputation for professional ability.

Summerhill informant - upper lower class:

The interviewee was a lady sixty years old, who had called the doctor at least four times within the last three months. She said, "I just might call on the doctor most any time." When asked if the doctor who attended her was her family doctor, she replied in the affirmative. The interviewer then asked if he were white or Negro, and she answered - "Colored (with emphasis), honey. I like my colored doctors. I don't hardly fool with white ones. Even though Dr. A's my family doctor I call on two other doctors whenever I have to. That's when I can't get Dr. A right away or when he's outta town. Whatever doctor I call for at that particular time, I let him treat me till I get all right. I think after he came to my rescue I oughta stay with him 'til I get all right for that time. Dr. A knows I call Dr. N. and Dr. C. I call them cause they'll get up any time of the night or drop anything they're doing, if they can, and come to me - 'cause they know it's important. Dr. A does the same thing; he'll do anything he can to help me. The others do too."

Fourth Ward informant - upper lower or lower lower class

The interviewee was a lady twenty-nine years of age, the mother of four children. Although she hadn't used the services of a private physician within the past three months, she had a family doctor. The interviewer asked about the deciding factors in choosing a family doctor. She answered: "I would always choose a colored doctor first, because I feel that he can understand me better than a white man; and then he'd be more interested and patient with me. I chose my doctor 'cause he was nice to me and was also so reasonable. Other people had told me about him. There're some doctors, even our colored ones, who think because they're doctors and got some money, they don't have to treat you friendly, but Dr. A's not like that."

Although all informants did not express themselves as freely as did the four above, their reasons for choosing a private doctor usually ran along the same lines.

Since specialists are private practitioners also, it may be pointed out that two of the three specialists used were chosen because of recommendations of family physicians, while the third was chosen by the family itself because the family doctor was out of town.

Choice of Clinics

Clinics follow the private doctor in fourth place among the seven medical resources used. This position was due, to a great extent, to the use of clinics by the Fourth Ward residents. Neither the Summerhill nor Hunter Road inhabitants used the clinics extensively. Table 7 shows the reasons for choice of clinics by community areas; Table 8 shows the reasons for choice of clinics according to status.

TABLE 7

REASONS FOR CHOICE OF CLINICS BY RESIDENTS OF THREE AREAS: HUNTER ROAD, SUMMERHILL AND FOURTH WARD

Reasons for Choice	Socio-Economic Areas			
	All	Hunter Road	Summerhill	Fourth Ward
Economic consideration	16		1	15
Availability	6	1	2	3
Recommendation of doctor	6	2	2	2
Emergency	3			3
Convenience	1	1		
Totals	32	4	5	23

There were thirty-two reasons given for choosing clinics, and of these thirty-two reasons - sixteen (one-half) of them were due to economic factors. Of added importance is the fact that all but one of the respondents giving this reason were Fourth Ward informants, the other person was from Summerhill. This points out that because of economic conditions the Fourth Ward informants were compelled to make use of free medical service more so than the other two higher income groups. Although this is true, there was a general expression among the informants of Fourth Ward of a preference for some other type of medical service whenever it could be afforded.

TABLE 8

REASONS FOR CHOICE OF CLINICS ACCORDING TO STATUS OF RESPONDENTS

Reason for Choice	All	Status of Respondents* U. or U.M.	U.M.	L.M.	L.M. or U.L.	U.L.	U.L. or L.L.	L.L. or U.L.	L.L.
Economic consideration	16					3	5	3	5
Availability	6				1	2		1	2
Recommendation of doctor	6	1	1			2	1		1
Emergency	3					1			2
Convenience	1		1						
Totals	32	1	2		1	8	6	4	10

*U. = upper; U.M. = upper middle; L.M. = lower middle; U.L. = upper lower; L.L. = lower lower

The majority of the informants who used clinics were in the lower half of the status scale. Those persons in the upper brackets who did use the clinics for medical resources, did so

either because of recommendations of their doctors, or for the sake of availability or convenience.

Fourth Ward informant - lower lower class

> The economic status of this household is very low; the husband is a truck driver, and the wife (the interviewee) "works out" once in a while. The daughter of this couple has some type of intestinal disease. According to the interviewee, the daughter has to take penicillin shots. Each treatment will be forty dollars if her family physician serves her, however she can get the same treatment for twenty dollars at the clinic. The interviewee has tried to persuade her daughter to go to the clinic since it is cheaper, however, the daughter refuses saying she likes her doctor better and she knows that she'll get good care and that he is interested in her as a person; and this would not be the same if she went to a clinic.

Recommendation by doctor, convenience, or availability were the reasons given by Hunter Road and Summerhill people for attending clinics. The following interview indicates the general attitude of Hunter Road and Summerhill residents toward free medical clinics:

> While interviewing a Hunter Road informant of lower middle class status the writer asked her if she had ever received medical care at a clinic. The interviewee answered in such a way that she gave the impression that a clinic was not for "her kind" of people. She said that she preferred her private physician. When asked what she thought about public health clinics, she said she thought they were a great service to the community - especially for those persons who couldn't pay for private medical care.

The rejection of clinical services on the part of all three groups seemed to have been primarily based on rejection of charity; in addition to the general feeling that one does not get the same quality of service at a free clinic as he does under the care of a private practitioner.

Choice of Hospitals

It was pointed out in Chapter II that the hospital was a more widely used resource among the Hunter Road informants than among the Summerhill and Fourth Ward informants. Also the use of private hospitals was more evident among the Hunter Road people, which is not surprising, since their economic level is higher than that of the other two groups.

Table 9 indicates the reasons for choices of hospitals by areas. Table 10 serves as a means of substantiation and shows the reasons for choices of hospitals in relation to status of the respondents.

Availability was the most popular reason for choosing a hospital. In comparison with the other two income groups, availability was considered more important by the Hunter Road informants. Recommendations of doctors and economic factors tied as a second most important reason for choosing hospitals. Informants in all three areas reported doctors' recommendations as a prime reason; however only the Summerhill and Fourth Ward informants gave economic factors as reasons. The use of private hospitals by the Hunter Road informants in contrast to the use of public hospitals by Summerhill and Fourth Ward informants underscores further the importance of economic conditions.

Recommendation of friends, emergency, and recommendation of doctors, were rather evenly distributed along the scale. Economic factors were reported important by the informants who fell below the middle half of the scale. Availability seemed to have

TABLE 9

REASONS FOR CHOICE OF HOSPITALS BY RESIDENTS OF THREE AREAS: HUNTER ROAD, SUMMERHILL AND FOURTH WARD

Reasons for Choices	All	Socio-Economic Areas		
		Hunter Road	Summerhill	Fourth Ward
Availability	10	3	6	1
Economic considerations	8		2	6
Recommendation of doctor	8	2	3	3
Recommendation of friends	7	3	2	2
Emergency	4	1	1	2
Totals	37	9	14	14

TABLE 10

REASONS FOR CHOICE OF HOSPITALS ACCORDING TO STATUS OF RESPONDENTS

Reasons for Choices	All	Status of Respondents*							
		U. or U.M.	U.M.	L.M.	L.M. or U.L.	U.L.	U.L. or L.L.	U.L.	L.L.
Availability	10	1	1	1		3	2	1	1
Economic considerations	8				1	2	1	2	2
Recommendation of doctor	8		2		1	1	2	1	1
Recommendation of friends	7		1	1	1	1	1	2	
Emergency	4		1	1				1	1
Totals	37	1	5	3	3	7	6	7	5

*U. = upper; U.M. = upper middle; L.M. = lower middle; U.L. = upper lower; L.L. = lower lower

been a little more important to the respondents on the lower half of the scale than those on the upper end.

The rates charged ward patients are usually below actual costs, and a large proportion of these patients pay only part of the rate or none of it. Private hospital rates are similar to or below hotel rates. The charges for laboratory, X-ray, and other services become considerable in the aggregate, particularly if the disease is protracted. Such costs weigh heavily upon those who have low incomes and for this reason many of the voluntary hospitals are establishing semi-private services, which offer accommodations in rooms where provision is made for several patients and where the rates for maintenance and for auxiliary services are below those prevailing in the private rooms. The wage-earning population must have recourse largely to the facilities of public or charity wards, which vary in adequacy in different communities.

Choice of Dentists

The reasons given by the six informants for choosing their dentists fell into two categories: (1) recommendations of friends and (2) recommendation of doctors. Three Summerhill and one Hunter Road informant gave the former category as the reason for their choice, while one Summerhill and one Fourth Ward informant gave recommendation of doctors as the reason for their choice.

Conclusions

This chapter indicates that very few of the households sought empirical information in the choice of medical care, therefore the conclusion must be accepted that these consumers of medical care made their choice with little actual knowledge of the merits of

technical skills being employed. Uninformed opinion and fortuitous circumstances played a major part in the choices of medical care by these households.

The reasons given for choice of medical services varied according to area and status of the respondents. The residents of Hunter Road and the persons ranking along the upper end of the status scale gave recommendations of friends and doctor's professional reputation as leading reasons for choosing medical servicevice; the Summerhill respondents and those persons in the middle of the status scale considered recommendations of friends and availability as important reasons; and the majority of the Fourth Ward inhabitants and the people along the lower end of the status scale gave as their leading reasons for choosing medical service availability, and economic considerations.

Neither status nor area made a profound difference in the resident's preference for medical services; however economic conditions did determine to some extent the use and choice made by the residents.

CHAPTER IV

CHARACTERISTICS OF A "GOOD" DOCTOR

According to the residents of the three community areas examined, there are certain important traits or characteristics which determine whether or not a person is a "good" doctor. The following characteristics were named in order of their importance, as characteristics of a good doctor:

1. The possession of a pleasing personality:

   That this characteristic ranks ahead of the others shows the importance that it assumed among the persons interviewed, in all three areas. For example, one informant of Fourth Ward of upper lower class said:

   > "I think a good doctor is one who doesn't beat around the bush, but tells you what's wrong; and if he doesn't know he ought to tell you so you can give your money to someone who can help you. A doctor ought to know how to treat people; it makes a sick person worse if the doctor's mean and cuts them up and won't let them tell him what's wrong or how they feel. Doctors should be understanding."

2. The doctor's thoroughness in examinations:

   There was a feeling among the informants of being "cheated" as well as lack of interest on the doctor's part if they were not thoroughly examined.

3. The doctor's knowledge and ability.

4. Experience of the doctor:

   An informant of Summerhill, lower middle class, stated in answer to "What makes a good doctor?":

   > "He should be friendly, have experience and knowledge, and there should be some feeling

> for the patients. I think the fact that he goes to church will help him sympathize with the patients."

5. Education was expressed by respondents voicing their desire for "well-prepared doctors with good educational grounds."

6. Availability:

   As expressed by a Fourth Ward informant of the lower lower class:

> "A good doctor is one who's friendly, ain't hard to find, and comes night and when called."

A very good description of a "good doctor" was given by an inhabitant of Hunter Road - forty-six years old, male, upper middle class:

> First of all, I think a doctor should be well prepared; he should keep up with the latest developments in medicine and should attend meetings and many other things that'll keep him up to date. He should be a pleasant man who can put the patient at ease; and one whom the patient has confidence in. A 'good' doctor should be thorough in his examinations and truthful with the patient about his condition; and last he should have the equipment necessary in his profession. He should have up-to-date modern equipment. I think the worst thing in the world is a doctor who just hands out medicine to a patient, without seeming to be actually concerned with the welfare of the patient.

Factors of less importance than the six listed, but still considered in defining a "good" doctor were age, religion, reasonableness in financial matters, recommendations, frankness with the patient, and modern equipment.

As a means of gathering further information about the respondents' attitudes concerning a "good" doctor, the writer listed four factors: age, race, religion, and sex, in an effort to determine which was considered the most important. They are listed according to their importance.

1. Race - There was a decided preference for Negro doctors to white doctors. It was found that white doctors were usually called in as specialists, or upon the occurrence of some major illness. There were five or six informants who did not run "true to form," however, as in the case of this thirty-three year old housewife in Fourth Ward, lower lower class:

   Interviewer: Of these four factors - age, race, sex, and religion, which do you think most important?
   Interviewee: You want the truth don't you? Well I'll be frank, I've never had a colored doctor and even though we have some good ones, I guess, I prefer white doctors.
   Interviewer: Why do you prefer white doctors?
   Interviewee: I really don't know - they just seem to know more. I'd rather have old doctors to young, and males to females, too.

2. Age - The majority of the informants preferred "middle" aged doctors, because, according to a lady who lived in Hunter Road of upper middle class status, "a middle aged doctor usually has had a certain amount of experience, and yet he isn't so old that he doesn't keep up with the latest medical discoveries and news."

3. Sex - Of the seventy-two informants interviewed, there was only one lady of Summerhill who stated her preference for a woman doctor. A forty-nine year old woman of Fourth Ward when asked if she would rather have a man or a woman doctor exclaimed, "Why of course I want a man doctor! What in the world does a woman know. No woman for me!"

4. Religion - was assigned very little importance in comparison with the other three factors. However, there were a few persons who held the opinion of this seventy-one year old resident of Summerhill, lower middle class; she said:

   > "The most important thing in choosing a good doctor is the fact that he is a religious man. It does not matter what his religion is just so he is a member of the church. He should be active in community affairs and take part in anything for the betterment of the race."

That the lay public considers secondary characteristics important is shown by the general description or definition which they have assigned to a good doctor, which is:

"A personable, Negro male doctor about forty-five years old, who knows how to treat people, is usually available, and has a good reputation."

CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this research project was to discover the various medical resources used by laymen in the Atlanta Negro community and the factors affecting choices; and to learn if there was a relationship between the person's attitude and behavior with reference to medical care and his status.

In order to obtain the desired information, the writer examined and compared three areas of different socio-economic status: Hunter Road, Summerhill and Fourth Ward. A random sample of seventy-two households was chosen from these three areas, and examined by means of the guided interview, using the schedule as an instrument. In addition to the information recorded in the schedule, supplementary field notes were written after each interview.[19]

The schedule was devised to secure information concerning the patterns of use and choice of medical resources, and the reasons for use and choice of medical resources "within the past three months."

Upon analysis of the data of the interviews, the writer presents a summary of her findings as to why laymen choose their doctors and other medical resources.

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[19]Examples of the supplementary field notes are found in Appendix B.

The informant of the three areas used, in various combinations, drugstore remedies, hospitals, private doctors, medical clinics, company doctors, specialists, and home remedies as medical resources. The pattern of the use and the reasons for the choice of these resources were not the same in each area, however.

The pattern followed by the residents of Hunter Road consisted of the use of drugstore remedies, hospitals, private doctors, and specialists. There was a general reluctance among the Hunter Road informants, as well as the other two areas, to admit the use of drugstore remedies.

Recommendations of friends played an important part as a reason for choice of the Hunter Road informants' medical service, while on the other hand, economic consideration was the least influencing factor. There was a preference for private hospitals to public hospitals, because of the superior care which they felt they received in the former. Specialists were used by the residents of this area on the recommendations of their doctors.

The characteristics of a "good" doctor according to the majority of the Hunter Road respondents were: "A pleasing personality, thoroughness in his examinations, knowledge and ability, education, and good recommendations."

The Summerhill residents' pattern was formed by the use of hospitals, drugstore remedies, and private doctors. Although this pattern follows closely that of Hunter Road, the reasons for the choice of the resources are somewhat different.

The Summerhill residents in choosing their medical services had to take economic matters into consideration, especially in the choice of hospitals. In comparison with the Hunter Road respondents, the majority of whom used private hospitals, the majority of the Summerhill respondents used the public hospital. Emergency also was an important reason for choosing a hospital; while recommendations of friends and individual choice were the leading reasons for choosing private doctors.

The Summerhill informants' general definition of a "good" doctor was, "one who has a pleasing personality, experience, examines thoroughly, has modern equipment, is recommended highly, and is usually available."

The medical resources which formed the pattern of use and choice of the Fourth Ward residents were the medical clinic, drug-store remedies, hospitals and private doctors.

In contrast to the two communities already discussed, the medical clinic was a very important resource to the Fourth Ward residents. Because of the economic conditions of the Fourth Ward inhabitants they used the clinics which were cheaper than the other medical resources. Emergency and availability also figured in their reason for choosing clinics, and the other resources. Recommendation of friends was not as important to Fourth Ward residents as it was to the residents of the two higher income areas.

Fourth Ward respondents generally considered a "good" doctor, "One who has a nice personality, examines his patients thoroughly, is usually available, has knowledge and ability, and is reasonable in financial matters."

Having dealt with the first part of the problem raised by the writer, "Why laymen choose their doctors and other medical resources," let us now turn to the second part of the problem, "Was there a relationship between the person's attitude and behavior with reference to medical care and his social status?"

An examination of Tables 6, 8, and 10, will show that there was a relationship between use and choice of medical resources and the status of the respondents. However, the writer found very little difference in the attitudes of the respondents toward medical resources because of status.

Although a large number of the Fourth Ward informants were "forced" to use the services of the clinic because of economic conditions, they, like the Summerhill and Hunter Road residents, preferred using private medical services. Members of all three of the communities looked somewhat with disfavor on clinics because of their charity connotation.

Residents of the three areas in their description of a "good" doctor largely named the same characteristics showing that regardless of economic or social status, persons tend to expect the same qualities in a physician.

Considering specifically the Negro physician, it appears that he has been assigned a certain role by the members of his race, and this role, as described in Chapter IV, not only requires him to live up to the standards of his profession, but he must also live up to the standards set up by his lay public. In a great many cases, the doctor's ability to meet the latter standards are more important to his clientele than his ability to meet the former standards.

The writer draws the conclusions that (1) the choice of medical services depends to a large extent on chance, supplemented by the pictures which the consumers of medical resources have already formed of these medical services; and (2) there is very little difference between persons of different social statuses in their preference of physicians and other medical resources; there is a difference in the use and choice, however, due to economic conditions.

As a result of the activities and investigations in the field, along with the supplementary readings, the writer is able to make a final statement concerning medical care.

A very important factor to keep in mind is that standards of medical care are not static. "Any standard of what constitutes good medical care is necessarily conditioned by the state of knowledge current in the period, and equally important, the degree to which knowledge already attained is applied in the care of disease."[20]

In recent years the public has become conditioned to accept the new remedies that have appeared at an amazing rate. Sometimes it is difficult to restrict the use of new remedies until the results of their use can be adequately evaluated.

Any definition of good medical care must relate to the state of medical knowledge at the period. Standards of what was good medical care according to the knowledge of years ago would not be good medical care today.

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[20]Dr. E. E. Irons, "What is Good Medical Care?", Hygeia, October, 1949, p. 678.

Good medical care, therefore, is "the kind of medicine practiced and taught by those members of the medical profession who are best informed and involves the use of such inventions and discoveries that have been found useful in the prevention of and cure of disease."[21] Good medical care involves the treatment of the patient as a whole, and is conditioned not only by the knowledge of the doctor, but also by the availability of equipment and hospitals.

The need for medical care is determined by the capability of medical science and art to determine the extent of the need and to deal with the problems of disease; the demand for medical care depends in large part on the willingness of people to avail themselves of it; and the use and choice of medical care depends to a great degree on economic conditions as well as preconceived ideas held by the consumer of medical resources.

For the average layman the concept of "good" medical care is not clearly defined. The sick person's choice is colored significantly by considerations that are predominantly nonrational.

As a group, Negro choices are limited by discrimination, lack of adequate facilities and agents, lack of purchasing power, and lack of knowledge. With the exception of the discrimination factor these elements are not unique to the Negro; they are characteristic of the great bulk of the American population, in particular the low income groups. They are also reflections of the manner in which medical care is organized and made available under our economic system.

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[21] Ibid., p. 679.

APPENDIX A

THE SCHEDULE USED IN THIS STUDY

FACTORS AFFECTING MEDICAL CHOICE AND CARE

I.

Members of Household	Age	Sex	Occupation	Last School Grade Completed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

II. Residence

1. Number_____ Street_____ Zone_____

2. How long have you lived in Atlanta?_____Yrs._____Mos.

3. How long have you lived at the present address?_____

III. Medical Care

1. Have you or any member of your household used any of the medical services listed below within the last three months?

SOURCES AND NATURE OF SERVICES

1 Resource used	2 Date	3 Person	4 Illness	5 Nature of Service	6 Notes
A. Physicians					

B. Other Practitioners

_____

_____

C. Dental Care

_____

_____

D. Hosp./Clinic

_____

_____

_____

2. If a physician was used
   A. Who was he?

___Family doctor (white__Negro__)
___Insurance doctor
___Welfare doctor
___Negro specialist
___White specialist
___Clinic doctor
___Hospital doctor

B. Where is his office?_____

C. Why did you choose this particular physician?_____

_____

_____

3. If a dentist was used
   A. Who was he?

___Family dentist (__White__Negro)
___Welfare dentist
___Negro dentist
___White dentist
___Clinic dentist

B. Where is his office?_____

C. Why did you choose this particular dentist?_____

_____

_____

4. If an oculist was used
   A. Who was he?

   ___Family oculist (__White__Negro) ___White oculist
   ___Welfare oculist ___Clinic oculist
   ___Negro oculist

   B. Where is his office?_____

   C. Why did you choose this particular oculist?_____

   _____

5. Have you ever been to a health clinic?___Yes___No
   A. If answer is yes--why did you choose this particular clinic?

   _____

   B. If answer is no--why have you never attended a clinic?

   _____

6. Have you ever been to a hospital for medical care?___Yes ___No

   A. If answer is yes--why did you choose this particular hospital?

   _____

   What was the nature of your illness?_____
   _____

   B. If answer is no--why haven't you ever been to a hospital?

   _____

7. If patent medicines and drugs were used, why were these particular ones used?_____

   _____

IV. Which of these things do you think is most important in choosing a doctor? Which is next in importance? (etc.)

___age___race___religion___sex

V. Suppose you had no money and couldn't afford a physician or drugs, and became very ill, what would you do?

VI. Suppose you had just arrived in a strange town and suddenly became very ill, how would you go about choosing a doctor and on what basis would you choose him?

VII. If you had a peculiar or baffling illness, what would you most likely do?

___Consult family doctor
___Consult Negro specialist
___Go to a clinic
___Consult white specialist
___Go to a hospital

VIII. What in your mind makes a "good" doctor?

IX. What in your mind makes a "bad" doctor?

Occupation 5

Source of Income 4

Education 3

APPENDIX B

EXAMPLES OF FIELD NOTES

EXAMPLES OF FIELD NOTES

Example I--Fourth Ward informant, upper lower class, female, fifteen years old:

No member of this household has used medical care within the last three months.

The interviewee definitely prefers Negro to white doctors. She said she thinks that we should help our own race, and Negro doctors are just as good as white doctors. Even though she has never been to a woman doctor she thinks she would like one "'cause it wouldn't be so embarrassing to be examined by a woman." She would like for the woman doctor to be young, but she prefers an older person (around forty-five) if it is a man. It does not matter whether she and her doctor are members of the same church, but she thinks he should attend church; "all leaders in a community should go to church, 'cause people expect them to."

When asked "What makes a 'good' doctor?", the interviewee, without hesitation, replied,

> One who has a lot of patients. He oughta have a good office with modern equipment, and he oughta keep the office clean. Doctors should be friendly to people so they'll like him.

She added,

> A doctor who can never be located isn't a good doctor; neither is one who drinks, nor one who wouldn't wash his hands or sterilize his instruments when examining a patient.

Example II--Summerhill informant, lower middle or upper lower class, female, thirty-six years old:

The interviewee's daughter has used the services of a dentist within the last three months. She said she took her daughter to the clinic, "'cause it's cheaper than most other places and yet you get just as good or better dental care."

The interviewer asked the informant "What kind of doctor do you think is a 'good' doctor?" After thinking a short while she answered,

> A 'good' doctor is one whose general attitude is pleasing; that is, he's friendly, helpful, understanding, and yet professional. He should know what he's doing. Just like once I took my daughter to see a white skin specialist; when we walked in he looked at her and said,

'Lord, I can't do a thing for her!' He made me so worried 'til I cried all the way home on the bus. Then I called a colored doctor to see her. He walked in and looked at her and said, 'Uh huh, you want to hurry and get up and get back to school, don't you?' My daughter said yes and he told her he'd have her up in no time. He acted like he was really interested in her, and that made her have all the confidence in the world in him.

Example III--Hunter Road informant, upper middle class, female, fifty-four years old:

According to the interviewee, her husband has been ill within the last three months, having had influenza. When asked who attended him, she answered - their family doctor; the interviewer then asked, "Is he white or a Negro?" and she answered, "Why Negro!" The interviewer asked why she chose this particular doctor as her family doctor and her answer made it evident that she placed a premium on younger doctors because they have more recent medical knowledge and seem to be interested in keeping up with the latest medical news.

The informant stated with emphasis that where patent medicines were concerned, she used only those which acted as purgatives. If anything else was wrong, she would go to her doctor.

In answering question IV concerning important factors in choosing a doctor, the interviewee said,

> I feel that we as Negroes should always try to use our Negro doctors. And only if they are unable to help us should we go to a white doctor, and even then we should ask the Negro doctor for recommendations.

Again she emphasized her preference for young doctors. When asked whether the sex of a doctor makes any difference to her, she answered, "No. However, I've always had a man doctor and have never thought of going to a woman." The interviewer asked, "Why is it you've never thought of going to a woman doctor?" and she replied, "I really don't know, except when I think of doctors, I always think of men."

In discussing what makes a "good" doctor, the interviewee said,

> I think his appearance is very important, because the way a doctor looks and acts is almost as important as his ability. It has a lot to do with what other people think about him. I think the worst type of doctor is one who plays a lot and doesn't conduct himself properly. When a person's sick, she likes to feel that the doctor's serious and is concerned about her condition.

APPENDIX C

CHIEF CONCLUSIONS OF GLADYS SWACKHAMER'S STUDY

CHIEF CONCLUSIONS OF GLADYS SWACKHAMER'S STUDY

I. "Choice and Change of Doctors"

A. Reasons for choices

1. Private

a. Recommendation of relatives, friends or relatives.
b. Membership in burial or sickness benefit societies.
c. Advice of physician or other practitioner.
d. Nearness and availability of physician.
e. Personal tie with physician.
f. Recommendation of social agency.
g. Language or individual consideration.

2. Agency

a. Cost and availability.
b. Recommendation of health or social worker.
c. Recommendation of health or clinic doctor.
d. Accessibility in an emergency.
e. Recommendation of relatives, friends, or neighbors.
f. Reputation of agency for medical specialty.
g. Fame of doctor or service: language or individual consideration.

B. Conclusions

1. There were numerous varied and uncoordinated choices in time of illness.

2. Two-thirds of the informants had no family doctor; and he was imperfectly represented among the other third.

3. The informal choice of a physician was infrequent.

4. Change from one medical resource to another was frequent.

5. Economic and psychological factors combine to affect choice.

6. Cost or fear of cost was a persuasive element.

7. Among the leading reasons for dissatisfaction was the failure of clinic or physician to:

a. Give time or opportunity for the patient to understand his troubles.
b. Give the patient the desired information and reassurance.

BIBLIOGRAPHY

Articles

Hall, Oswald. "Stages of a Medical Career," American Journal of Sociology, Vol. LIII (March, 1948), pp. 327-36.

Hughes, Everett C. "Dilemmas and Contradictions of Status," American Journal of Sociology, Vol. L (March, 1945), pp. 353-59.

Irons, E. E. "What is Good Medical Care?", Hygeia (October, 1949), pp. 678-79.

Jones, Lewis and Jones, Barbara. "Medicine: Economic Organization," Encyclopedia of the Social Sciences, Vol. X, pp. 292-93.

Miller, W. H. "What is Ours, We Should Conserve," Journal of the National Medical Association, Vol. XXIV (August, 1945), pp. 30-34.

Parsons, Talcott. "The Professions and Social Structure," Social Forces, Vol. XVII (May, 1939), pp. 457-67.

Williams, Josephine. "Patients and Prejudice: Lay Attitudes Toward Women Physicians," American Journal of Sociology, Vol. LI (January, 1946), pp. 283-87.

Zeligs, Rose. "Choosing a Doctor," Hygeia (February, 1943), p. 106.

Bulletins and Reports

Community Resources Directory 1946-1947. Community Planning Council, Atlanta, Georgia, pp. 18-66.

Falk, I. S., and others. "The Costs of Medical Care" (Chicago, 1933); "The Incidence of Illness and the Receipt and Cost of Medical Care among Representative Family Groups" (Chicago, 1933); "Medical Care for the American People: The Final Report of the Committee" (Chicago, 1932), Committee on the Costs of Medical Care.

Swackhamer, Gladys V. "Choice and Change of Doctors," Committee on Research in Medical Economics, New York City, 1935.

Public Documents

U. S. Bureau of the Census. Sixteenth Census of the United States: 1940. Population, Vol. III, Pt. 1. Washington: Government Printing Office, 1941.

U. S. Bureau of the Census. Sixteenth Census of the United States: 1940. Population and Housing, Statistics for Census Tracts, Atlanta, Georgia, 1942.

Book

Warner, W. L., Meeker, M., and Eells, K. Social Class in America, New York: Stratford Press, Incorporated, 1948, pp. 139-42.

Unpublished Material

Frum, Harold. "Choice and Change of Medical Service: A Study of Families in an Industrial Area." Unpublished Master's thesis, Department of Sociology, Ohio State University, 1939.